



Illinois Department of Revenue

PT-8 Application for Pull Tabs and Jar Games Manufacturer's or Supplier's License

Register faster using **MyTax Illinois**, our online account management program, available on our website at **tax.illinois.gov**. If you have questions, visit our website or contact us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-5864** or email at **rev.bptcg@illinois.gov**.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)

FEIN: _____ - _____

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____ - _____ - _____

2 Legal business name:

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

4 Primary or legal business address:

Street address - **No** PO Box number Apartment or suite number

City State ZIP

5 Mailing address if different from the address above:

In-care-of name

Street address or PO Box number Apartment or suite number

City State ZIP

6 Check the organization type that applies to you:

☐ Proprietorship

_____ Check if owned by a married couple or civil union

☐ Partnership

☐ Trust or estate

☐ Corporation*

☐ S Corp (Subchapter S Corporation)*

*Is your corporation publicly traded? ____ Yes ____ No

If yes, provide the ticker symbol _____

☐ Governmental unit

☐ Not-for-profit organization

☐ LLC - Corporation

☐ LLC - Partnership

☐ LLC - Single member

_____ Check if disregarded

7 Illinois Secretary of State identification number:

_____ - _____ - _____

8 Is your business part of a unitary group? ____ Yes ____ No If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):

FEIN: _____ - _____

9 Identify a contact person regarding your business.

Name: _____ Title: _____

Phone: (_____) _____ - _____ Ext.: _____

FAX: (_____) _____ - _____

Email address: _____

Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

Individuals: (include Social Security number (SSN))

a Name _____ Title _____

Home address - **No** PO Box number City State ZIP

_____/_____/_____
Date of birth Phone (_____) _____ - _____

_____-_____-_____
Social Security number Ownership percentage: _____

b Name _____ Title _____

Home address - **No** PO Box number City State ZIP

_____/_____/_____
Date of birth Phone (_____) _____ - _____

_____-_____-_____
Social Security number Ownership percentage: _____

c Name _____ Title _____

Home address - **No** PO Box number City State ZIP

_____/_____/_____
Date of birth Phone (_____) _____ - _____

_____-_____-_____
Social Security number Ownership percentage: _____

d Name _____ Title _____

Home address - **No** PO Box number City State ZIP

_____/_____/_____
Date of birth Phone (_____) _____ - _____

_____-_____-_____
Social Security number Ownership percentage: _____

Businesses: (include federal employer identification number (FEIN))

a Name _____ FEIN _____

Legal address _____

City State ZIP

(_____) _____ - _____ Ownership percentage: _____

Phone

b Name _____ FEIN _____

Legal address _____

City State ZIP

(_____) _____ - _____ Ownership percentage: _____

Phone

Step 3: List all locations where your equipment is stored - *Attach additional sheets if necessary*

a _____
Street address - **No** PO Box number Apartment or suite number

City State ZIP

d _____
Street address - **No** PO Box number Apartment or suite number

City State ZIP

b _____
Street address - **No** PO Box number Apartment or suite number

City State ZIP

e _____
Street address - **No** PO Box number Apartment or suite number

City State ZIP

c _____
Street address - **No** PO Box number Apartment or suite number

City State ZIP

f _____
Street address - **No** PO Box number Apartment or suite number

City State ZIP

Step 4: Type of license you are applying for - *Check one - (Note: The fee paid with your application is not refundable.)*

If you are applying for a

- ☐ **One year manufacturer’s** license, the fee is **\$5,000.**
- ☐ **Three year manufacturer’s** license, the fee is **\$15,000.**
- ☐ **One year supplier’s** license, the fee is **\$5,000.**
- ☐ **Three year supplier’s** license, the fee is **\$15,000.**

Make your check or money order payable to the “**Illinois Department of Revenue.**”

Step 5: Sign below

Under the penalties of perjury, I state that I have examined this application and all attachments and other information required and to the best of my knowledge, it is true, correct, and complete.

Signature Printed name Date

Mail your completed form along with any attachments and payment to:

**OFFICE OF BINGO AND CHARITABLE GAMES 3-215
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480**

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.